PTO/SB/06 (12-04)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 784903 APPLICATION AS FILED - PART I OTHER THAN (Cotumn 1) (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE (\$) FEE (\$) RATE (\$) FEE (\$) BASIC FEE (37 CFR 1.16(a), (b), or (c)) SEARCHFEE (37 CFR 1.16(k), (t), as (m)) **EXAMINATION FEE** (37 CFR 1.16(o), (p), or (q)) TOTAL CLAIMS (37 CFR 1.16(I)) 26 25 nitnus 20 + INDEPENDENT CLAIMS (37 CFR 1.16(h)) minus 3 s If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1 16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(1)) " If the difference in column 1 is less than zero, enter "O" in column 2 TOTAL TOTAL APPLICATION AS AMENDED - PARTIE OTHER THAN (Column 1) (Cotumn 2) (Column 3) OR SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT RATE (5) ADDI-RATE (S) AFTER ADDI-PREVIOUSLY EXTRA ENT TIONAL MENDMENT TIONAL PAID FOR FEE (\$) FEE (5) fotal D7 CFR 1 16431 Linus 46 ENDM 25 40 independent ()) CFR 1 (6(H)) Minus 40 Application Size Fee (37 CFR 1 16(s)) FIRST PRESENTATION OF MINTIPLE DEPENDENT CLARY OF CERTIFIC OR 101AL TOTAL ADOL FEE OR ADD'L FEE (Column 1) (Column 2) (Coturna 3) CLAIMS HIGHEST RELIAINING NUMBER PRESENT RATE (S) ADDI. RATE (\$) AFTER PREVIOUSLY PAID FOR ייססי EXTR4 TIONAL FEE (S) AMENDMENT TIDNAL FEE (\$) TOTAL (3: CFR 1 160) Mayors ENDM Independent OR Merus 0 OR Application Size Fee (37 CFR 1 16(s)) FIRST PRESENTATION OF LOUITIFLE DEPENDENT CLAIM (2) CFP 1 1 OR 101AL TOTAL ADDIL FEE OR ADD'L FEE * If the entry in column 1 is less than the entry in column 2 write 10° in column 3 "If the "Highest Rumber Previously Pard For" by THIS SPACE is less than 20 onter 120 If the "Highest Number Previously Paid For II/11/IIG SPACE is less than 3, enter 17 The Highest Primities Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column to

This collection of information is required by 37 CFR 1 to The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application Confidentiality is governed by 35 U S C 122 and 37 CFR 1 14. This collection is estimated to take 12 minutes to complete. including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark, Office, U.S. Department of Commerce, P.O. Box 1459, Alexandria, V4 22313-1450, DO ROT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Palents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS]	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00	
TO	OTAL CHARGE	ABLE CLAIMS	46 minus 20≈		· 26			X\$ 9=		OR	X\$18=	468	
INI	DEPENDENT C	LAIMS	6 m	inus 3 =	. 3			X43=	 	OR	X86=	258	
MULTIPLE DEPENDENT CLAIM PRESENT									 	1		~~	
* If the difference in column 1 is less than zero, enter						column 2	,	+145=	<u> </u>	OR	+290=	1496	
CLAIMS AS AMENDED - PART II								TOTAL	L	OR	TOTAL OTHER	حالوا	
						(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MQ	Total	*.	Minus	**		z .		X\$ 9=		OR	X\$18=	- A	
ME	Independent	•	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
TOTAL											TOTAL		
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI TIONAL FEE	- [RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
		L	TOTAL DDIT, FEE		OR /	TOTAL ADDIT, FEE							
(Column 1) (Column 2) (Column 3)													
MEN	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	ST FR ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .	ļ	X\$ 9=		OR	X\$18=		
	Independent		Minus	***		=		X43=	. 1	OR	X86=		
	FIRST PRESE	ST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						.145-		Ī	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													